Department of Homeland Security U. S. Coast Guard	Relocation Income Tax A	llowance (RITA) Certification
CG PSC-RITACERT (Rev. 04/2008)		
1. Name:		2. EmplID:
	1	
3. TONO:	4. Day Time Pi	none Number:
5. Last Duty Station:	6. Current Dut	y Station:
		, - 1-11-11
7. Federal Tax Filing Status:	1	
		ren) net earnings (or loss) from self-employment
Form	II W-2's for current year	All Schedule SE(s) for current year
a. Employee \$	J	\$
b. Spouse \$		\$
c. Total Gross Compensation \$		\$
Travel Regulations of location. O However, in very limen new location. This was the employee worked without either of the state allows the other state's tax location.	uctible moving expense reimbursements we do not provide for a RITA allowance related ited circumstances, the employee may be swould be true if the employee's state of resident the new location were different and bose states allowing an adjustment or credit for an adjustment or credit for this double taxal rate – otherwise, it is based on the sum of (s) of the state (s) which taxed your non-definition.	subject to state taxes in two states at the dence at the new location and state where the taxed the employee's RITA income – or this double taxation. Ition, then the RITA allowance is based on the tax rates for both states at the new
9a. S	 tate 1	9b. State 2

CG PSC-RITACERT	(Continued
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10. Local State Returns

o If the employee incurs an additional local income tax liability <u>as a result of moving expense</u> <u>reimbursements</u>. Specify the name of <u>all</u> locations <u>and</u> the applicable tax withholding rate(s) for this tax year, ie. 1%, 2%, ect. These local tax rates are expressed as a percent of one of the following: income, federal tax or state tax, and are listed in the "Type of Tax" column. <u>Please contact your local tax authorities if you are unsure of these items</u>.

	Locality	Percent	Type of Tax
10a.		%	
10b.		%	

due the US government and will be repaid in a and accurate in the best of my knowledge, but	nent is violated, the total amount of the RITA allowance will laccordance with the Federal Travel Regulations. The above I (we) agree to notify the relocation office of any changes to nat the appropriate adjustment to the RITA can be made.	information is true
11a. Employee's Signature	11b. Date	
11c. Spouse's Signature	11d. Date	

IF EMPLOYEE AND SPOUSE FILED A JOINT RETURN, BOTH MUST SIGN THIS FORM

In compliance with Privacy Act of 1974 the following information is provided; Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, and E.O. 9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting and paymnet of funds for travel and certain relocation allowance expenses to be incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance of their official duties. The information will be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, security clearances, or other investigations of the performance of official duty while in Government service. Disclosure of the requested information is voluntary; however, failure to provide the information required may result in delay or suspension relocation income tax allownace request.